Docket No. SYB/0090.04

_	Under the Papers	vork Reduction Act	of 1995, по ре	INONA ATC TC	mired to r	U. S. Pat	A' ent and Trad tion of infon	pprov emar natio	ved for use think Office; U.S. on unless it dis	ough le DEPA plays a	0/31/2002. O RTMENT OI valid OMB o	MB 0651-003 F COMMERC Spatrol number
PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number 10/709,475												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OR	OTHER T		
FOR		NUMB	MBER FILED		NUMBER EXTRA		RA'	ΓE	FEE	1	RATE	FEE
	SIC FEE CFR 1.16(a))								s	OR		S
	CFR 1.16(a))		minus 20 =			4		-		OR	xS -	
	EPENDENT CLA CFR 1.16(b))	AIMS	minus 3 =			*			†	OR	x -	T
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+	_		OR	+ =		
If the difference in column 1 is less then zero, enter "0" in column 2							TOT	AL		OR	TOTAL	
CLAIMS AS (Column 1)				MENDED - PART II (Column 2) (Column 3)			SMA	LL E	ENTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(6))	• 63	Minus	** 2	20	= 43	x \$	-		OR	x \$=	774
	Independent (37 CFR 1.16(b))	• 3	Minus	***	3	= 0	x	_=		OR OR	x=	0 .
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						] [+	_=		OR	+ =	0
	(Column 1) (Column 2) (Column 3)					TOT. ADDIT. FI			OR A	TOTAL DDIT. FEE	774	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIOU PAID F	BER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(0))	#	Minus	**		=	x \$	_		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***		=	x	_=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEP		ENDENT CLAIM (37 CFR 1.16(d))		]			OR	+=			
(Column 1) (Column 2)					(Column 3)	TOT ADDIT. F			OR	TOTAL ODIT. FEB		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RAT	Е	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(0))	÷	Minus	**			x \$	-=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x	_=		OR OR	x=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						+	- =		OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												
Th	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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